## **Baylor University Lost or Destroyed Original Receipt Statement**

<u>Please read the Lost or Destroyed Original Receipt Statement requirements in the Travel & Entertainment Policies & Procedures.</u>
Incomplete Lost or Destroyed Original Receipt Statements will not be reimbursed and will be returned to the traveler.

| Airline Ticket Receipts |            |  |  |  |                        |                    |                    |             |                  |                  |    |  |
|-------------------------|------------|--|--|--|------------------------|--------------------|--------------------|-------------|------------------|------------------|----|--|
| -OR-                    |            |  | s a copy or  | fax of the airline ticke                       | et receipt.            |                    |                    |             |                  |                  |    |  |
|                         | I have d   | ontacted the agency or airline, as documented below, and was unable to obtain a copy of the ticket receipt. Therefore I have attached:  A copy of the flight itinerary and a form of payment (i.e., credit card slip or statement, cancelled check, etc.). |  |  |                        |                    |                    |             |                  |                  |    |  |
| Hotal                   | Folio      | А сору ог  | trie nigni iti   | nerary and a form of                           | payment (i.e., ci      | edit card slip or  | Statement, Canc    | elled Crie  | eck, etc.).      |                  |    |  |
| Hote                    |            | ^ ++ = =   - =   - =   |  | for of the betal falls                         |                        |                    |                    |             |                  |                  |    |  |
| -OR-                    |            | Allached is  | s a copy or  | fax of the hotel folio.                        |                        |                    |                    |             |                  |                  |    |  |
|                         | I have     |  | ntacted the hotel, as documented below, and was unable to obtain a copy of the hotel folio. Therefore I have attached: a copy of the form of payment (i.e., credit card slip or statement, cancelled check, etc.). |  |                        |                    |                    |             |                  |                  |    |  |
|                         |            | Dates  |  | Hotel/City                                     |                        | # of Nights        | Daily Rate         | \$          | Total            | _                |    |  |
|                         |            |  |  |  |                        |                    |                    | •           |                  |                  | _  |  |
| Car F                   |            | greement   |  |  |                        |                    |                    |             |                  |                  |    |  |
|                         |            | Attached is  | s a copy or  | fax of the car rental r                        | eceipt.                |                    |                    |             |                  |                  |    |  |
| -OR-                    | l havo     | contacted th   | no rontal ca   | r agency, as documen                           | tod bolow, and w       | rae unable to ob   | tain a conv of the | rontal ro   | scoint Therefor  | o I havo attacho | ۸. |  |
|                         |            |  |  | greement and a form                            |                        |                    |                    |             | -                | e i nave attache | u. |  |
|                         | ш          |  | ile lelital a  | =  |                        | -                  |                    | anceneu     |                  |                  |    |  |
|                         |            | Dates  |  | Rental Car Company                             |                        | Car Class          | # of Days          | ¢.          | Total            |                  |    |  |
|                         |            |  |  |  |                        |                    |                    | \$          |                  | <del>-</del>     |    |  |
| Meals                   | s (list ea | ich meal se  | parately)  |  |                        |                    |                    |             |                  |                  |    |  |
| Inoun                   | <u> </u>   |  |  | fax of the meal recei                          | nt .                   |                    |                    |             |                  |                  | _  |  |
| -OR-                    | ш          | Allacileu is   | a copy of  | iax of the ineal recei                         | pt.                    |                    |                    |             |                  |                  |    |  |
| J                       | I have o   | ontacted the   | e restauran  | t, as documented belo                          | w, and was unab        | le to obtain a co  | opy of the meal re | ceipt. Th   | erefore I have a | ttached:         |    |  |
|                         |            |  |  | payment (i.e., credit o                        |                        |                    |                    | •           |                  |                  |    |  |
|                         |            | Date   |  | Restaurant/City                                | ·                      | B.L. or D*         | # of People        |             | Total            |                  |    |  |
|                         |            |  |  | ,  |                        | _,_,               |                    | \$          |                  | -                |    |  |
|                         |            |  |  |  |                        |                    |                    | \$          |                  | -                |    |  |
|                         |            | *R:  | =Breakfast   | L=Lunch, D=Dinner (No                          | ote: If more than 1    | nerson include     | husiness nurnose i | on Expens   | se Report)       |                  |    |  |
| Othe                    | r - Misce  | ellaneous E  |  | L-Lanon, B-Billion (140                        | no. Il liloro tilari i | porcori, moraco    | odeniede parpede ( | он Ехропе   | so respons       |                  |    |  |
|                         |            |  |  | fax of the miscellane                          | ous receint            |                    |                    |             |                  |                  | _  |  |
| -OR-                    | _          | / titadrida id   | a copy of  | Tax of the misochane                           | odo rodolpt.           |                    |                    |             |                  |                  |    |  |
| 0                       | I have     | have contacted the vendor, as documented below, and was unable to obtain a copy of the miscellaneous receipt. Therefore I have atta  |  |  |                        |                    |                    |             |                  | I have attached: | :  |  |
|                         |            | A copy of t  | he form of   | payment (i.e., credit of                       | card slip or state     | ment, cancelled    | d check, etc.).    |             |                  |                  |    |  |
|                         |            | Date   |  | Description (in detail)                        |                        |                    |                    |             | Total            |                  |    |  |
|                         |            |  |  | ,        |                        |                    |                    | \$          |                  | -                |    |  |
|                         |            |  |  |  |                        |                    |                    | \$          |                  | -                |    |  |
|                         |            |  |  |  |                        |                    |                    |             |                  |                  |    |  |
| For A                   | \II of the | Above:   |  |  |                        |                    |                    |             |                  |                  |    |  |
| Name                    | of Pers    | son Contac   | ted for Du   | plicate Receipt(s):                            |                        |                    |                    |             |                  |                  |    |  |
| Title                   | of Perso   | nn·  |  |  |                        |                    |                    |             |                  |                  |    |  |
|                         |            |  |  |  |                        |                    |                    |             |                  | <del></del>      |    |  |
| Date                    | of Cont    | act:   |  |  |                        |                    |                    |             |                  |                  |    |  |
| Pose                    | on for N   | lissing Rec  | oint(s):   |  |                        |                    |                    |             |                  |                  |    |  |
| Neas                    | OII IOI IV | lissing Nec  | eipi(s).   | -  |                        |                    |                    |             |                  |                  |    |  |
|                         |            |  |  |  |                        |                    |                    |             |                  |                  |    |  |
|                         |            |  | / \ d  |  |                        |                    |                    | Б           |                  |                  |    |  |
|                         |            |  |  | pense receipts descri<br>not again be submitte |                        |                    |                    |             |                  |                  | D) |  |
|                         |            |  |  | •  | •                      | reisity of arry of | inei organization  | ioi reiiiik | Jiusement of t   | ax purposes.     |    |  |
| Signa                   | tures re   | quired for sp  | oreadsheet   | <u>-based and paper Ex</u>                     | pense Report:          |                    |                    |             |                  |                  |    |  |
| Traveler/Employee       |            |  |  |  |                        |                    | Date               |             |                  |                  |    |  |
| Have                    | ilei/Lilip | Юусс   |  | Required                                       |                        |                    | Date               |             |                  |                  |    |  |
|                         |            |  |  |  |                        |                    |                    |             |                  |                  |    |  |
| Printe                  | ed Name    |  |  |  |                        |                    |                    |             |                  |                  |    |  |
|                         |            |  |  |  |                        |                    |                    |             |                  |                  |    |  |
| Authorized Approver     |            |  |  |  |                        | Date               |                    |             |                  |                  |    |  |
|                         |            |  |  | Required                                       |                        |                    |                    |             |                  |                  |    |  |
| Dai:                    | . al NI =  |  |  |  |                        |                    |                    |             |                  |                  |    |  |
| rinte                   | ed Name    |  |  |  |                        |                    |                    |             |                  |                  |    |  |